Federal Health and Social Service Programs That Support People Experiencing Homelessness

This document seeks to help state and local leaders identify and access non-emergency health and social service programs in the U.S. departments of Health and Human Services (HHS) and Veterans Affairs (VA) so they can use multiple streams of federal funding for holistic supportive services that meet the short- and long-term needs of people experiencing or at risk of homelessness.

Table of Contents

Glossary 2
Administration for Children and Families 2
Administration for Community Living 11
Centers for Medicare & Medicaid Services 12
Food and Nutrition Service 13
Health Resources and Services Administration 13
Indian Health Services 15
Program Support Center 16
Substance Abuse and Mental Health Services Administration 16
Department of Veterans Affairs 22

Glossary

ARPA = American Rescue Plan Act
CARES = Coronavirus Aid, Relief, and Economic Security Act
ACF = Administration for Children and Families
CMS = Centers for Medicare & Medicaid Services
FY = Fiscal Year
HRSA = Health Resources and Services Administration
IHS = Indian Health Service
SAMHSA = Substance Abuse and Mental Health Services Administration
USDA = U.S. Department of Agriculture
USVI = U.S. Virgin Islands
PR = Puerto Rico

Program	Populations Served	Allowable Uses	Patient Access or Program Duration	Number of Participants Served	Geographic Reach	Funding and Operating Mechanisms
Administration for Children and Families (ACF)						
Family Violence Prevention & Services	Shelter: Individuals experiencing domestic violence and their children	Provision of emergency shelter and other non-shelter support services, such as victim advocacy, crisis counseling, safety planning, support groups, information and referrals, legal		Support 1.3 million survivors	56 states and territories issue subawards to 1,500 local domestic violence	Formula and competitive grants to states and tribes—sub-awarded to local organizations; $182.5 million (FY21 enacted); $45 million

		aid, and housing assistance to address domestic violence and dating violence[1]			agencies, 252 Tribes, and 56 Domestic Violence Coalitions	from CARES Act (FY 20 enacted) and $198 million from ARP for family violence shelters; $450 million (FY21 enacted)
Runaway and Homeless Youth Programs: Basic Center Program[2]	Youth under 18	Outreach, crisis intervention, emergency shelter, family reunification/reconnection, aftercare services to runaway and homeless youth and their families, individual and family counseling, education, employment assistance, and behavioral health and physical health services	Up to 21 days of shelter	Up to 20 youth per facility (with some exceptions)		Competitive grants to community-based public and private agencies; $64.2 million in FY21 enacted.
Runaway and Homeless Youth Programs: Transitional Living and Maternity Group Home Program	Youth ages 16 to 21 who cannot safely live with their families Maternity Group Home Program: pregnant and parenting youth	Community-based, adult-supervised group homes, host homes, and supervised apartments; services include counseling in basic life skills, interpersonal skill building, educational advancement, job attainment skills	If youth enters program before age 18, then eligible for 21 months of shelter or until age 18 (whichever is longer); youth between 18-21 are eligible for 18 months of services			Competitive grants to public and private organizations; $52.5 million in FY21 enacted.

Runaway and Homeless Youth Programs: Street Outreach Program	Street-based services to runaway, homeless, and street youth under the age of 21 and who have been subjected to, or are at risk of being subjected to, sexual abuse, prostitution, sexual exploitation, and severe forms of trafficking	Supports work with homeless, runaway and street youth to help them find stable housing and services and focuses on developing relationships between outreach workers and young people that allow them to rebuild connections with caring adults. Street outreach services include: street based education and outreach; access to emergency shelter; survival aid; treatment and counseling; crisis intervention; and follow-up support.			118 Street Outreach grantee programs across the country	Competitive three-year grants to public and private organizations; $16 million in FY20 enacted; $20 million in FY21 enacted.
Head Start	Children from families experiencing homelessness are categorically eligible for Head Start.	Head Start and Early Head Start promotes school readiness and family wellbeing for infants, toddlers, and preschool-aged children from low-income families. These programs serve families with low incomes, children in foster care, and families experiencing homelessness	Head Start is a federal program for children under five years old and their families.	In 2018, about nine percent of children under age six experiencing homelessness (127,227 children) were enrolled in Head Start, Early Head Start, or programs funded	1,600 public and private nonprofit and for-profit agencies.	Grants to public agencies, private nonprofit and for-profit organizations, tribal governments, and school systems; $10.6 billion (FY20 enacted); $750 million from CARES Act, which includes up to $500 million for summer Head Start programs and the balance distributed to Head Start programs to help them

				with McKinney---Vento sub grants. *The estimate of 127,227 children may be slightly inflated due to a small number of children who receive services from both Head Start/Early Head Start and the McKinney-Vento program. Sources: U.S. Department of Education.		respond to coronavirus-related needs of children and families; $1 billion from ARP; $10.7 billion (FY21 enacted)
Child Care Development Fund	Children experiencing homelessness are identified as a priority population	States use CCDF to provide financial assistance to low-income families to access child care so they can work or attend a job training or educational program. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning		Fund child care assistance for 1.4 million children, under age 13, each month.		Grants to states, territories and tribes; $5.8 billion (FY20 enacted); $3.5 billion from CARES Act and $10 billion through the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021 (P.L. 116-260) for immediate assistance to child care providers and to support child care for families;

		and development in safe, stable, and nurturing environments.				$15 billion from ARP for supplemental child care funding, $24 billion from ARP for child care stabilization, and $633 million permanent increase in total Child Care and Development Fund; $5.9 billion (FY21 enacted)
Social Services Block Grant	Vulnerable children, adults, and families and households with low incomes.	Through the SSBG States provide essential social services that help achieve a myriad of goals to reduce dependency and promote self-sufficiency; protect children and adults from neglect, abuse and exploitation; and help individuals who are unable to take care of themselves to stay in their homes or to find the best institutional arrangements. 29 allowable social service categories include child care, child welfare, services for persons with disabilities, case management, and protective services for adults and children.		In FY 2019, approximately 26 million individuals received services funded in part or in whole by the grant.	U.S. states and territories	Grants to States and Territories which may be administered by state via local municipalities or local agencies; $1.6 billion (both FY20 and FY21 enacted).

Community Services Block Grant	Individuals and families with low incomes as well as low-income communities.	Direct funding to local community-based organizations to provide services and activities addressing employment, education, improved financial management, housing, nutrition, emergency services, and/or healthcare. Services most often provided include employment training and placement, income management, education, emergency services, health, nutrition, transportation, housing assistance, and providing linkages among anti-poverty programs.		Preliminary data indicate CSBG served 10.2 million individuals, or 5.1 families, in FY 2018. Of those served, more than 36 percent of the clients were children and over 23 percent were persons 55 years of age and older.	U.S. states, territories, and federally recognized tribes and tribal organizations can receive funds. Approximately 1,007 eligible entities and 78 tribes (i.e. 66 directly funded and 12 funded via state obligation) receive CSBG funding annually	Block grant through states, tribes, and territories to Community Action Agencies. $740 million (FY20 enacted); $1 billion from CARES Act to provide social services and emergency assistance; $745 million (FY21 enacted)
Temporary Assistance for Needy Families (TANF)	Low-income families with children	States use TANF to fund monthly cash assistance payments to low-income families with children, as well as a wide range of services. Many TANF agencies across the country use TANF funds to serve and support families experiencing or at-risk of	Generally, families can access cash payments for up to five years, sometimes longer depending on the state, territory, or tribe.	Approximately 2 million individuals received TANF benefits in 2020.	TANF provides fixed funding for the 50 states, the District of Columbia, the territories, and 75 tribes and tribal consortia.	$17.3 billion (FY20 enacted); $1 billion from ARP Pandemic Emergency Assistance Fund to provide immediate economic relief to families; $17.3 billion (FY21 enacted)

		homelessness. States, territories, and tribes may also use TANF funds to help those not receiving cash assistance on a short-term basis. For example, they may use TANF funds to help with services, such as rapid rehousing, housing coordination, and employment services. Both the 2013 Information Memorandum *Use of TANF Funds to Serve Homeless Families and Families at Risk of Experiencing Homelessness* and 2016's *Enhancing Family Stability: A Guide for Assessing Housing Status and Coordinating with Local Homelessness Programs for TANF Agencies* provide more information.				
Low Income Home Energy Assistance Program	Low-income households	To assist households with low incomes, particularly those with the lowest incomes that pay a high proportion of household income for home energy,	Grantees must target benefits to households with low incomes.	In 2019, more than 724,000 households received an average household cooling benefit of	All 50 states, the District of Columbia, five U.S. territories, and approximately	Funding through States, Territories, and Tribes and may be administered by state via local municipalities or local agencies. $3.7 billion (FY20 enacted); $900 million from

		primarily in meeting their immediate home energy needs.		$450. More than 5.3 million households receive an average heating benefit of $439.	150 tribes and tribal organizations receive LIHEAP grants each year.	CARES act to support immediate home energy assistance; $4.5 billion from ARP; $3.7 billion (FY21 enacted)
Low Income Household Water Assistance Program	Low-income households	Provides funds to assist low-income households with water and wastewater bills. Funds are provided to owners or operators of public water systems or treatment works for the restoration of services to households that have had drinking water and/or wastewater services disconnected due to arrearages, to prevent disconnection for households at risk of disconnection due to arrearages, and to reduce rates charged to low-income households to help ensure affordable household water services.		This is a new program. Data on how many people served are not yet available.	Grants are available to States, the District of Columbia, the Commonwealth of Puerto Rico, U.S. Territories, and Federally and state-recognized Indian Tribes and tribal organizations that received FY 2021 Low Income Household Energy Assistance Program grants.	$1.14 billion total, including $500 million from ARP and $638 million form the Consolidated Appropriations Act, 2021. While funds were appropriated through these laws, the program currently does not have permanent authority.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee program) , including the Education and Training Voucher Program (ETV)	Youth in foster care and young adults formerly in foster care	Services and financial support to help youth with education, employment, financial management, housing, and connections to caring adults. In addition, the Chafee program supports the Education and Training Voucher Program (ETV), which may provide up to $12,000[1] each year for unmet need (based on cost of attendance)—for an eligible youth to attend an institution of higher education.	Youth who experience foster care after age 14; youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption; and young adults ages 18-21/23[2] who have "aged out" of the foster care system. Youth are eligible to receive ETVs for as many as five years (up to age 26).[3]		Grants to states, tribes, and territories	$143 million (FY21 enacted); $400 million from the Supporting Foster Youth and Families through the Pandemic Act (enacted as Division X of P.L. 116-260, the *Consolidated Appropriations Act, 2021*); $142 million (FY21 enacted)

[1] The Supporting Foster Youth and Families through the Pandemic Act (enacted as Division X of P.L. 116-260, the *Consolidated Appropriations Act, 2021*) increases the maximum ETV award from $5,000 to $12,000 for federal fiscal years 2021 and 2022. It also allows states to use ETV funding for support young adults re-enrolling in post-secondary. Please see Program Instruction ACYF-CB-PI-21-04 for more information.

[2] States may apply to increase the maximum age to up to age 23 for Chafee services. The Supporting Foster Youth and Families through the Pandemic Act (enacted as Division X of P.L. 116-260, the *Consolidated Appropriations Act, 2021*) increases the Chafee eligible age to up to age 27 until September 30, 2021. Please see Program Instruction ACYF-CB-PI-21-04 for more information.

[3] The Supporting Foster Youth and Families through the Pandemic Act (enacted as Division X of P.L. 116-260, the *Consolidated Appropriations Act, 2021*) allows ETVs to be provided to youth until they reach age 27 (until September 30, 2021). Please see Program Instruction ACYF-CB-PI-21-04 for more information.

Promoting Safe and Stable Families	Children at risk of separation or separated from their families.	Provides funding directly to state child welfare agencies and eligible Indian tribes establish and operate integrated, preventive family preservation services and community-based family support services for families at risk or in crisis.			All 56 states and territories; approximately 140 tribes	$423 million in FY19
Administration for Community Living						
Adult Protective Services (Elder Justice Act)	Older adults and/or adults with disabilities experiencing maltreatment, including abuse, financial exploitation, neglect, and self-neglect.	Receive and investigate allegations of adult maltreatment; evaluation and case planning with purported victims; provision or facilitation by referral of medical, social service, economic, legal, housing, and other protective or support services.[iii] Services can vary by state and county.	Until case is resolved; average total case duration across states is 67.4 days.	Accepted 774,234 cases reported in FY20 for investigation; identified and served 258,389 victims of substantiated adult maltreatment.	Provided by state and local governments in all 50 states, all territories, and DC.	$94 million from the Consolidated Appropriations Act, 2021; $276 million for Elder Justice Act programs split between FY21 and FY22, including APS, through ARP

Centers for Medicare & Medicaid Services (CMS)						
Children's Health Insurance Program (CHIP)	Uninsured children and certain adults who do not qualify for Medicaid	Provides health coverage to uninsured children (under 19 years of age) and pregnant individuals in families with incomes too high to qualify for Medicaid, but too low to afford private coverage.		6.9 million children enrolled (June 2021)	All 50 states, DC, all territories	Jointly funded by federal and state governments.
Medicaid	Low-income adults, children, pregnant individuals, elderly adults, and people with disabilities	Provides health and long-term services and supports coverage to eligible individuals.		76.3 million individuals covered (June 2021)	All 50 states, DC, all territories	Jointly funded by federal and state governments.
Medicare	People aged 65 or older. People under age 65 with certain disabilities. People of all ages with End-Stage Renal Disease	Provides health coverage to individuals aged 65 and older, individuals with certain disabilities, and individuals with ESRD		Approximately 64 million individuals (October 2021)	All 50 states, DC, all territories	Funded primarily through a payroll tax (1.45% of taxable gross) and premiums; administered through the Medicare Trust Funds

Food and Nutrition Service						
Child and Adult Care Food Program	Emergency shelters serving persons under age 25	Expands access to meals for youth experiencing homelessness by allowing shelters to be reimbursed for meals served to children and young adults under 25 years old. Under normal circumstances, USDA only reimburses shelters for meals served to children through age 18. See here for outreach toolkit and here for implementation guidance. See here for FAQs.	Nonprofit shelters providing temporary housing to individuals 24 years old or younger are eligible to use program funds under ARP expansion	In FY 2019, approximately 4.5 million children and more than 135,000 adults received CACFP meals and snacks on an average day.		Grants to emergency and nonprofit shelters; entitlement program with fluctuating funding based on need and usage.
Health Resources and Services Administration (HRSA)						
The Health Center Program	Underserved populations	Health centers are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services to the	Find a HRSA health center here.	Today, HRSA funds nearly 1,400 health centers with more than 13,500 service delivery sites in every U.S. state,	The National Health Care for the Homeless Council provides support to more than 200 health	Over $6.1 billion in ARP funding awarded to health centers nationwide.[5]

[5] https://bphc.hrsa.gov/program-opportunities/american-rescue-plan/awards

		nation's most vulnerable individuals and families. Some health centers receive funding to focus on special populations, including individuals and families experiencing homelessness, migratory and seasonal agricultural workers, and residents of public housing.		U.S. territory, and the District of Columbia. In 2020, more than 255,000 full-time staff served nearly 29 million patients. Health centers have nearly tripled the number of patients served since 2000.[4] ARP funded 1,377 health centers nationwide across states and territories.	centers and Health Care for the Homeless programs in all 50 states.	
Ryan White HIV/AIDS Program	Low-income people living with HIV who are uninsured or underserved	The Ryan White HIV/AIDS Program provides a comprehensive system of HIV primary medical care, essential support services, and medications for people living with HIV to improve health outcomes and reduce HIV	Find a Ryan White HIV Medical Provider here.	195 health centers received funding in FY20	All 50 states, DC, PR, USVI, all 6 Pacific Jurisdictions; administers funding grants to cities/counties, local community-	$656 million enacted in both FY20 and FY21; $90 million from CARES Act. On March 4, 2021, HRSA awarded approximately $99 million to 61 Ryan White HIV/AIDS Program recipients to link people with HIV to essential HIV care and treatment and

[4] https://bphc.hrsa.gov/about/healthcenterprogram/index.html

		transmission among hard-to-reach populations.			based organizations	support services, as well as to provide workforce training and technical assistance.
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program (in partnership with ACF)	Pregnant people and parents with young children who live in communities with barriers to achieving positive maternal and child health outcomes	Evidence-based, voluntary programs tailored to community grantees. Programs aim to: • Improve maternal and newborn health • Reduce child injuries, abuse, and neglect • Reduce crime and domestic violence • Improve family economic self-sufficiency • Improve school readiness and achievement • Improve coordination and referrals for community resources	Varies by grantee	Over 140,000 parents and children and over 925,000 home visits in FY20	All 50 states, DC, PR, USVI, all 6 Pacific Jurisdictions; tribal community grantees	$341 million awarded FY20; $40 million in ARP funding awarded in FY21 and $82M in ARP funding will be awarded in FY22
Indian Health Services (IHS)						
Medical care—no special focus on homeless; group homes and transitional living support are offered through state/local resources, not IHS	As needed, given the patient is eligible (long-term program)	41,000 inpatient; 13.8 million outpatient (2018)	170 IHS and tribally-managed service units in 37 states (in rural and urban areas)	Administers care or funds tribes to administer care (or purchases care); $5.8 billion (2019),	170 IHS and tribally-managed service units in 37 states (in	Administers care or funds tribes to administer care (or purchases care); $5.8 billion (2019), plus $1 billion in

				plus $1 billion in flexible COVID-related supplemental funding[3]	rural and urban areas)	flexible COVID-related supplemental funding[4]
Program Support Center						
Federal Real Property Assistance Program (FRPAP) (Title V of McKinney-Vento Act)	Individuals experiencing homelessness	States, local units of government, and nonprofit agencies may acquire Federal surplus real property to provide services to the homeless, including emergency shelter, transitional housing, and permanent housing, with or without supportive services.			All 50 States, DC, PR and Guam	Transfer, via lease or deed, of Federal surplus real property to be utilized to provide homeless services at no cost. Transferees are required to fund all associated property and program operating costs.
Substance Abuse and Mental Health Services Administration (SAMHSA)						
Projects for Assistance in Transition from Homelessness (PATH)[5]	People with serious mental illness (SMI) or co-occurring disorders (mental	Outreach, screening and diagnostic treatment, habilitation and rehabilitation, community mental health, substance use disorder, staff	Block grant (program duration depends on state/territory)	Outreach to 115,686 individuals and enrolled 60,039 in PATH-	440 organizations working in all 50 states, DC, PR,	Block grants; state/territory makes award to local public or non-profit organizations; $64.6 million for PATH (both FY20 and 21 enacted)[6]

	illness and substance use) experiencing homelessness or at risk of becoming homeless	training, referrals for medical and support services, housing services as specified in Section 522(b)(10) of the Public Health Service Act		eligible clients in services (2020)	USVI, MP, Guam, AS	
Grants for the Benefit of Homeless Individuals (GBHI)[7]	Individuals (including youth and families) experiencing homelessness who have substance use disorders or co-occurring mental and substance use disorders	Substance use and co-occurring mental and substance use disorders treatment and other recovery-oriented services; coordination of housing and services that provide permanent housing and supportive services to the target population; connect clients to enrollment resources for health insurance, Medicaid, and mainstream benefits programs	5-year programs	Enrolled 4,000 in FY21	As awarded	Competitive grants to public and private non-profit entities; $36.4 million (FY21 enacted)
Treatment for Individuals Experiencing Homelessness (TIEH)[8]	People experiencing homelessness along with a serious mental illness, serious emotional disturbance, or	Integrated mental and substance use disorders treatment and other recovery-oriented services; connect clients to enrollment resources for health insurance, Medicaid, and mainstream benefits; coordination of housing and	5-year programs	Enrolled 4,105 in FY21	As awarded	Competitive grants (open to state and local, tribes, public and private non-profits); $26.1 million (FY21 enacted)

	co-occurring disorders	services that support sustainable permanent housing				
SSI/SSDI Outreach, Access, and Recovery (SOAR)[9]	Children and adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or co-occurring substance use disorder	Technical assistance to enhance access to Social Security disability benefits.		2,122 providers trained on SOAR in FY21 to ensure eligible clients experiencing homelessness are receiving benefits	All 50 states and DC	
Emergency Response Grants	Children and adults impacted by the COVID-19 pandemic.	Provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic. Specifically, to address the needs of individuals with serious mental illness, individuals with substance use disorders, and/or individuals with co-occurring serious	16 months	Anticipate 60 grants to be awarded; up to $2M per state and up to $0.5M per territory and tribe	As awarded: funding will be provided for states, territories, and tribes to develop comprehensive systems to address COVID-19 related mental health needs.	$110 million in flexible COVID-related funding

		mental illness and substance use disorders. The program will also focus on meeting the needs of individuals with mental disorders that are less severe than serious mental illness, including those in the healthcare profession.				
Community Mental Health Services Block Grant	Persons age 18 and older who have a serious mental illness, which is a diagnosable behavioral, mental, or emotional condition severe enough to interfere with major life activities; persons up to age 18 who have a serious emotional disturbance, which is a diagnosable	Supports grantees in carrying out plans for providing comprehensive community mental health services, such as outpatient treatment, emergency/crisis mental health services, day treatment programs, First Episode of Psychosis (FEP) treatment programs, and screening for in-patient hospitalization.	Services available for as long as person meets the SMI or SED criteria.	7,263,904 persons served in 2020	All 50 states, DC, PR, USVI, all 6 Pacific Jurisdictions	$1.65 billion in ARP funds ($825 million to states – which includes 10% Early Serious Mental Illness/FEP set-aside and $825 million for Community Mental Health Centers Grant); $757.5 million (FY21 enacted), which includes 5% Crisis Services set-aside and 10% ESMI /FEP set-aside; $825 million in CARES Act, which includes 5% Crisis Services set-aside and 10% set-aside for ESMI /FEP

	behavioral, mental, or emotional issue severe enough to interfere with a child's family, school, or community activities.					
Substance Abuse Prevention and Treatment Block Grant	Persons with Substance Use Disorder (SUD) and their families, persons at risk for SUD and their families, and persons in recovery from SUD and their families. Priority populations include pregnant women with SUD, and women with SUD with dependent children; persons who inject drugs;	Substance Use Disorder Primary Prevention, Intervention, Treatment, and Recovery Support Services. SUD services and supports to Pregnant Women and Women with Dependent Children (PWWDC). SUD services to Persons Who Inject Drugs (PWID), including Medication Assisted Treatment (MAT). Early Intervention Services Relating to HIV (EIS/HIV) for persons with SUD. Tuberculosis Services (TB), including screening, testing, counseling, case management, and referral for medical evaluation and treatment, for persons with SUD.	Access for persons with Substance Use Disorder (SUD) and their families, persons at risk for SUD and their families, and persons in recovery from SUD and their families, is provided for the duration of services needed in order to address concerns related to	Number of persons served in Substance Use Disorder Treatment for the period of 7/1/19 through 6/30/20 was 1,419,631. Number of persons served in Substance Use Disorder Prevention through Individual Programs for the period of 7/1/19 through 6/30/20 was 15,226,395.	All 50 states, DC, PR, USVI, all 6 Pacific Jurisdictions, and 1 tribal entity	$1.86 billion (FY20 enacted); $1.65 billion in FY 21 SABG COVID-19 Supplemental Funding; $1.5 billion in FY 21 SABG ARP Supplemental Funding; $1.86 billion (FY21 enacted)

	persons with SUD who have HIV/AIDS, or who are at risk for HIV/AIDS; and persons with SUD who are at risk for TB.		Substance Use Disorder prevention, intervention, treatment, and recovery support.			
State Opioid Response (SOR) Grants **To find SOR information in your state, please contact your Single State Agency (SSA): https://www.samhsa.gov/sites/default/files/ssa-directory.pdf**	Individuals at-risk for or who have opioid use and/or stimulant use disorders.	Prevention, treatment and recovery support services such as, opioid education and naloxone distribution (OEND), FDA-approved medication for the treatment of OUD (MAT) for Opioid Use Disorder (OUD) and other evidence-based treatment services, peer supports, recovery coaching and recovery housing.	2-year program		All 50 states, DC, PR, USVI, and 4 Pacific Jurisdictions	Formula-based grants $1.42 billion (FY20) $1.42 billion (FY21)
Tribal Opioid Response (TOR) Grants awarded in FY20 and FY21	Individuals at-risk for or who have opioid use and/or stimulant use disorders.	Supports the implementation of prevention, treatment, and recovery support services (RSS) for opioid and stimulant use disorders with an emphasis on medication-assisted treatment for OUD. RSS may include	2-year program		Federally-recognized tribes and tribal organizations.	Competitive grants to federally-recognized tribes and tribal organizations; $50 million (FY20); $37.6 million (FY21)

		recovery housing and peer recovery support services.				
Department of Veterans Affairs (VA)						
Domiciliary Care for Homeless Veterans (DCHV) Program/Mental Health Residential Rehabilitation and Treatment Programs[10]	Veterans with multiple and severe medical conditions, mental illness, addiction, or psychosocial deficits, including veterans experiencing homelessness	Provides treatment in a residential setting for 24/7 support; rehabilitation, recovery, health maintenance, improved quality of life, and community integration	As long as individual is eligible (long-term program)	>2,400 beds	47 sites	Plus $14.4 billion in COVID-related supplemental VA funding for health care delivery and to support veterans who are homeless or at risk of becoming homeless[11]
Community Resource and Referral Centers (CRRC)	Veterans experiencing homelessness and at risk of homelessness	Provide one-stop access to community-based, multiagency services to promote permanent housing, health and mental health care, career development and access to VA and non-VA benefits. Centers facilitate access to services, such as outreach/case management, VA and non-VA benefits, vocational services,		Nationally served 24,976 Veterans through the end of FY 2015.	32 sites across states	

		treatment, shelter, residential care, and housing. Immediate services include showers, laundry, storage, food donations, transportation, and phone and internet access.				
Health Care for Homeless Veterans (HCHV) Programs	Veterans experiencing homelessness	Offers outreach, exams, treatment, referrals, and case management to Veterans experiencing homelessness	Outreach and referral to care (versus providing care)	Outreach services to 150,000 Veterans annually In FY 2019, nearly 6,300 Veterans exited HCHV CRS programs to permanent housing and 64 percent of Veterans exiting CRS programs engage in VA mental health services and 79 percent receive ongoing VA medical services. Also in FY 2019, HCHV programs supported over 350 stand downs	In FY2020, HCHV funding supported 310 contracts with over 3,500 available beds in 49 states, Puerto Rico and Guam	Plus $14.4 billion in COVID-related supplemental VA funding for health care delivery and to support veterans who are homeless or at risk of becoming homeless[12] $10 million in CARES Act funding for HCHV programs.

				providing outreach to over 81,000 Veterans, provided outreach services to over 139,600 total Veterans, and provided case management services to over 10,900 Veterans.		
Homeless Veterans Dental Program	Veterans experiencing homelessness	Provides dental treatment through programs such as Domiciliary Residential Rehabilitation Treatment, VA Grant and Per Diem, Compensated Work Therapy/Transitional Residence, Health Care for Homeless Veterans (contract bed) and Community Residential Care.				
Homeless Patient Aligned Care Team (HPACT)	Veterans experiencing homelessness	HPACT is a multi-disciplinary, population-tailored medical home designed around the unique needs and distinct challenges homeless Veterans face both accessing and engaging in		HPACT has expanded to 60 VAMCs nationally and is currently actively serving almost 19,000 Veterans. It is	Located on the campuses of 54 VA medical centers, community-based outpatient clinics, and	

		health care. Co-locate medical staff, social workers, mental health and substance use counselors, nurses and homeless program staff. This team provides Veterans with comprehensive, individualized care, including services that lead to permanent housing. Veterans can walk into HPACT clinics without an appointment and receive medical care, case management services, housing placement supports, substance use and mental health treatment, community referrals, triage services, benefits counseling and even hot showers and clean clothes.		estimated that over 25,000 Veterans are served by an HPACT annually.	Community Resource and Referral Centers	
Supportive Services for Veteran Families (SSVF)	Veteran families experiencing or at risk of experiencing homelessness	Outreach, case management, and assistance in obtaining VA and other mainstream benefits that promote housing stability and community integration. SSVF grantees can also make time-limited temporary payments on behalf of Veterans	Veteran families experiencing homelessness and those at imminent risk due to a housing crisis.	In 2020, SSVF assisted 112,070 individuals of which 77,590 were Veterans and 19,919 were dependent children	~400 community agencies that serve all 50 states, Puerto Rico, the District of Columbia, Guam, and the Virgin Islands	Funding to private non-profit organizations and consumer cooperatives; in June, 2021 VA administered $418 million in grants to more than 260 nonprofit organizations to help low-income veterans and their families access the SSVF program. $202 million has

		to cover rent, utilities, security deposits and moving costs.				been allocated to SSVF from the Coronavirus Aid, Relief, and Economic Security (CARES) Act to provide emergency housing and homelessness prevention assistance to very low-income Veteran families to mitigate the expected wave of evictions and potential homelessness that will result from extensive unemployment.
Grant and Per Diem Program (GPD)	Veterans experiencing homelessness	Funds community agencies providing services to homeless Veterans. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. Grantees work closely with an assigned liaison from the local VA Medical Center. The VA GPD liaison		VA funds an estimated 600 agencies that provide over 14,500 beds for eligible Veterans.	Only programs with supportive housing (up to 24 months) or service centers (offering services such as case management, education, crisis intervention, counseling, services targeted towards specialized populations	Grants from the GPD program usually consist of a capped per diem payment from VA to community organizations to provide transitional housing and supportive services to Veterans. Funded by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, $88 million has been allocated to this program, which allows VA to waive per diem limits during the COVID-19 crisis and help GPD grantees to provide all

		monitors the services the grantees offer to Veterans and provides direct assistance to them. Grantees also collaborate with community-based organizations to connect Veterans with employment, housing and additional social services to promote housing stability. The maximum stay in this housing is up to 24 months, with the goal of moving Veterans into permanent housing.			including homeless women Veterans, etc.) are eligible for these funds.	needed emergency housing and supportive services, including emergency placement for Veterans who need to be isolated for their safety or the safety of others. $258 million (FY20 enacted).
U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH)	Veterans experiencing homelessness	Through public housing authorities, HUD provides rental assistance vouchers for privately owned housing to Veterans who are eligible for VA health care services and are experiencing homelessness. VA case managers may connect these veterans with support services, such as health care, mental health treatment, and substance use counseling to help them in their recovery process and with their ability to	Veterans who are appropriate for this program must be VA health care eligible Veterans. VA eligibility makes this determination.	At the end of FY 2021, over 105,000 subsidized housing vouchers were allocated to HUD-VASH with more than 80,000 formerly homeless Veterans living in their own permanent housing as a result of this partnership		

		maintain housing in the community		between HUD and VA.		

[1] ACF FVPSA State and Tribal Fact Sheet. https://www.acf.hhs.gov/sites/default/files/fysb/fvpsa_state_and_tribal_factsheet_081518_508.pdf
[2] ACF FY21 Congressional Budget Justification. https://www.acf.hhs.gov/sites/default/files/olab/fy_2021_congressional_justification.pdf (page 133)
[3] CARES Act. https://www.appropriations.senate.gov/imo/media/doc/FINAL%20FINAL%20CARES%20ACT.pdf (page 718)
[4] CARES Act. https://www.appropriations.senate.gov/imo/media/doc/FINAL%20FINAL%20CARES%20ACT.pdf (page 718)
[5] SAMHSA PATH. https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/path
[6] SAMHSA FY21 Congressional Budget Justification. https://www.samhsa.gov/sites/default/files/about_us/budget/fy-2021-samhsa-cj.pdf (page 116-121)
[7] SAMHSA GBHI. https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/gbhi-program
[8] SAMHSA TIEH. https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/tieh-program
[9] SAMHSA SOAR. https://www.samhsa.gov/soar
[10] VA DCHV. https://www.va.gov/homeless/dchv.asp
[11] CARES Act. https://www.appropriations.senate.gov/imo/media/doc/FINAL%20FINAL%20CARES%20ACT.pdf (page 798)
[12] CARES Act. https://www.appropriations.senate.gov/imo/media/doc/FINAL%20FINAL%20CARES%20ACT.pdf (page 798)